

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33944**

FILED SEP 30 1952

REG. DIST. NO. **337**PRIMARY REG. DIST. NO. **4495** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel, Mo. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Benjamin c. (Last) Peak		4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1952	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8-1882
9. AGE (In years last birthday) 70		10. MONTHS 3	11. DAYS 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (State or foreign country) Shelby County		12. CITIZEN OF WHAT COUNTRY U.S.-It	
13a. FATHER'S NAME John W. Peak		13b. MOTHER'S MAIDEN NAME Margaret Daugherty	
14. NAME OF HUSBAND OR WIFE Goldie E. Peak		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 492-28-1058		17. INFORMANT'S SIGNATURE OR NAME Mrs Goldie E. Peak ADDRESS Bethel, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Dropsy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 591X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 23, 1942 , to Sept 22, 1952 , that I last saw the deceased alive on Sept 22, 1952 , and that death occurred at 4 a.m., from the causes and on the date stated above.	
23a. SIGNATURE Howard W. Weston (Degree or title) D.O.		23b. ADDRESS Bethel Mo	
23c. DATE SIGNED Sept 26 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 24-52		24c. NAME OF CEMETERY OR CREMATORY Bethel Lion	
24d. LOCATION (City, town, or county) (State) 1 1/2 miles West Bethel, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Mcgregor ADDRESS Bethel, Mo.	
DATE REC'D BY LOCAL REG. 9-24-52		REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1937 OCT 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2719

P. O. Address. Bethel, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.